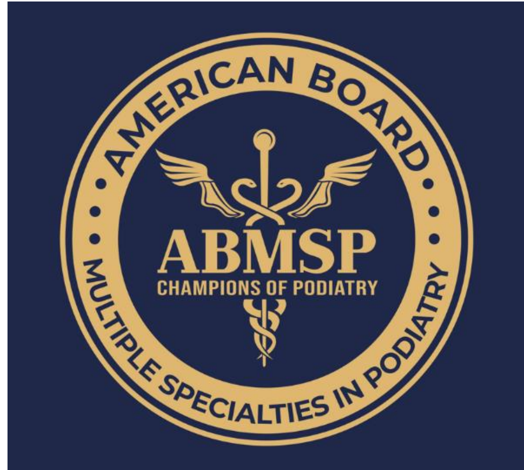

CERTIFICATION IN LOWER EXTREMITY GERIATRIC MEDICINE

CASE STUDY QUESTIONS

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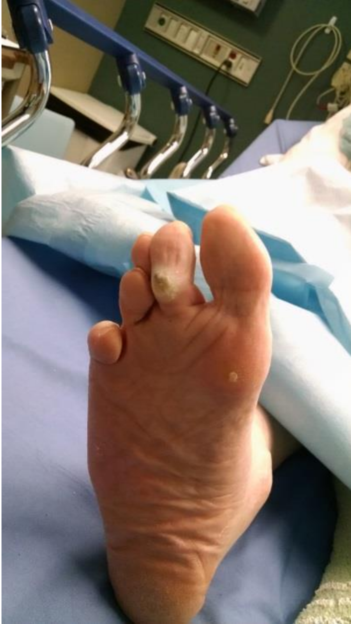
Case Study #1

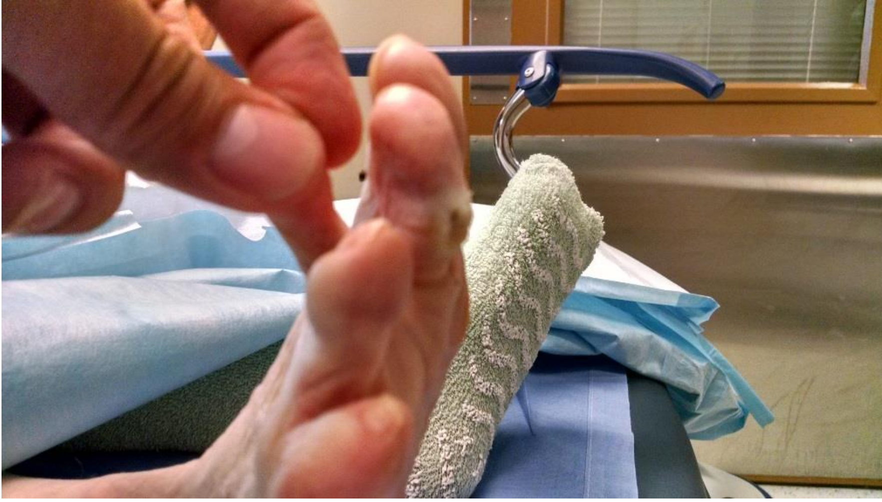
History and Physical

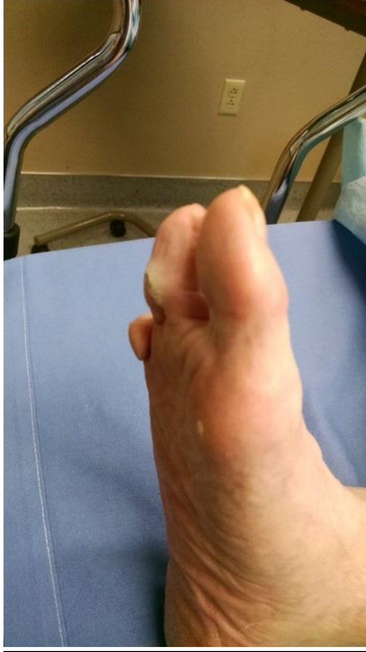
Chief concern: Patient is an 85 years old female, who presents with her son with a chief concern of a painful right second digit. She is a relatively poor historian. Her son states that approximately 20 years ago she underwent hammertoe correction of the second digit. Patient states that over the last few years it has started to become difficult and painful to walk, especially barefoot.
PMH: NIDDM, HTN, and Dementia
PSH: Carotid endarterectomy, appendectomy, and hammertoe surgery
MED: Metroprolol, metformin, 81 mg ASA, Coumadin
ALL: PCN
FH: Arthritis, HTN, diabetes
SH: Denies etoh, 65 pack year smoker

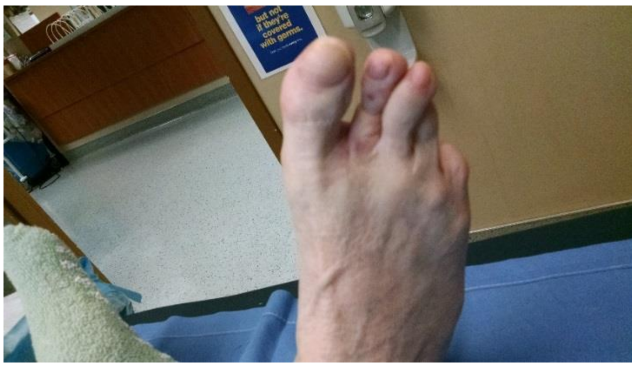
Podiatric Focused Exam

Vascular: Doraslis pedis pulse ¼ B/L. Posterior tibial pulse non-palpaple B/L. Capillary refill time is delayed at 10-12 seconds B/L. There is increase in proximal to distal cooling B/L.
Neurological: Gross epicritic sensation, 2 point discrimination and vibratory sensation is intact B/L. Deep tendon reflexes are WNL.
Orthopedic/Musculoskeletal: Restriction of dorsiflexion and plantarflexion is noted at B/L first MPJs, and right 2nd PIPJ. Dorsiflexed middle phalanx, in comparison to proximal phalanx of the right second digit is noted. There is also lateral deviation of the right third digit. Bilateral adductovarus of the 5th digits are noted. Ankle, STJ, and midtarsal joints are WNL.
Dermatological: Integument is atrophic and anhidrotic, with absence of pedal hair. Nails 1-5 are dystrophic, discolored, with varying levels of thickening. Maceration is noted in left 2nd and third interspaces. A hyperkeratotic lesion is noted on the plantar aspect of the right second PIPJ, with punctate center. No exposed bone or tendon, no malodor, no purulence identified
Vital signs: Blood pressure 160/112, pulse 85, respiratory rate 17, temp 98.9
LABS: HbA1c: 11.2, WBC: 9.8, INR: 2.8









<u>Essay</u>

In an essay format, please outline your descriptive diagnosis. Additionally, discuss how you would treat the described patient. This may include surgical and non-surgical treatment. Include in your discussion concerns, if any, regarding the patient's current or past medical history. This essay exercise does not have a right or wrong answer. It is an exercise in determining your medical logic for your specific treatment course.

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Case Study #2

History and Physical

Chief concern: A 75 year old male in pain arrives with his wife. He is complaining of redness and swelling of his right great toe. Patient is unable to wear a regular shoe or walk without pain. He states the pain began about a week ago. He denies any self treatment. The patient does have a fever and claims he "had pus out of my toe." Patient claims history of raynauds.
PMH: Liver cancer, HTN,
PSH: Liver biopsy, back surgery (spinal fusion), cardiac stents
MED: Chemotherapy, norvausc, Lipitor, ASA, plavix
ALL: Penicillin, sulfa
FH: Father deceased – brain cancer; mother deceased - lupus
SH: Retired former smoker, former etoh abuse, denies recreational drugs

Podiatric Focused Exam

Vascular: Bounding pulses 2/4 DP/PT bilateral, capillary refill time within normal limits b/l, edema right hallux
Neurological: Lt intact. SWMF 5.07 absent, vibratory absent, tendon reflexes WNL b/l
Orthopedic/Musculoskeletal: Range of motion at ankle joint, 1st MPJ, limited motion, pain on palpation right hallux; hallux malleus B/L
Dermatological: Right hallux medial border swollen, red distal with purulent drainage, no ascending erythema, nail ingrown
Vital signs: Blood pressure 145/76, pulse 85, respiratory rate 17, temp 99.1
LABS: ESR: 32, WBC: 11.1, INR: 3.1
Radiographical analysis: See attached plain films
Radiographic examination: No acute pathology noted

Essay

In an essay format, please outline your descriptive diagnosis. Additionally, discuss how you would treat the described patient. This may include surgical and non-surgical treatment. Include in your discussion concerns, if any, regarding the patient's current or past medical history. This essay exercise does not have a right or wrong answer. It is an exercise in determining your medical logic for your specific treatment course.

Case Study #3

History and Physical

Chief concern: Numbness and Falling. 73 year old male. Retired business executive. Patient relates increasing numbness over past 10 years. Recently complains of worsening balance and more frequent falls. Fell last week and sustained broken rib.
PMH: Hypertensio, arrhythmia, gout and lower back pain
PSH: ORIF right ankle cardiac ablation, fusion L3 L4 L5
MED: Xarelto, metopralol, diovan, allopurinol, HCTZ, gabapentin
FH: Cancer, heart disease, hypertension, diabetes (mother)
SH: non smoker, no alcohol use, previous ETOH abuse

Review of symptoms:
Systemic: no fever, no chills, no recent weight change
Head: no headache
Neck: no neck pain
Otolaryngeal: no hearing loss, no tinnitus, no sore throat
Pulmonary: no dyspnea, no cough, and no wheezing
GI: normal appetite, no nausea, no vomiting, no abdominal pain, no diarrhea
Musculoskeletal: lower back pain
Neurological: occasional vertigo, no memory loss, numbness, stinging in feet, lower legs
Skin: no skin lesions or rash

Physical Finding
Vitals:

BP-sitting L	140/80
Pulse sitting	88 BPM
Height	71 in
Weight	180 lbs
SMI	25.1

Physical Exam:
General appearance: well developed, well nourished, in no active distress

Lower extremity exam:
Vascular: Doralis pedis 3/4, B/L
Posterior tibial 2/4 B/L
No edema, no varicosities, normal capillary fill time

Dermatologic: Poor sensation to Semes-Weinstion 5.07 in 6/8 tested location. Decreased vibratory sensation
Labs: Previous EMG, NCV inconclusive
X-rays performed today: bil feet 3 views finding no fractures, no dislocation, HAV noted B/L
A/P: intentionally left blank

Essay

In an essay format, please outline your descriptive diagnosis. Additionally, discuss how you would treat the described patient. This may include surgical and non-surgical treatment. Include in your discussion concerns, if any, regarding the patient's current or past medical history. This essay exercise does not have a right or wrong answer. It is an exercise in determining your medical logic for your specific treatment course.

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